Effective October 1, 2001									09/739 929						
CLAIMS AS			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER OR SMALL				
L	O IAC OLAMO							RATE	FEE]	RATE	FE	Ε		
	TO DE ESTA TRANSPORTATION AND AND AND AND AND AND AND AND AND AN		NORIUER	HCCO -	- NOME	ENEXINA		CACICTE	= 370.00	ОR	DASICPEE	740	.00		
Ľ	OTAL CHARGEABLE CLAIMS minus			us 20=	20= *			X\$ 9=		OR	X\$18=				
II	DEPENDENT CL	minus 3 =		*		İ	X42=	1	OR	X84=					
MULTIPLE DEPENDENT CLAIM PR			RESENT				Ì	+140=		OR					
• 1	* If the difference in column 1 is less than zero, enter "0" in column 2						l	TOTAL		1	TOTAL				
<u> </u>	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	ΦI- NAL		
Š	Total	· 26	Minus	-2	9	=		X\$ 9=		OR	X\$18=			İ	
AME	Independent	NTATION OF MI	Minus	***	3	=		X42=		OR	X84=				
	TIMOTPHESE	MATIONOFIN	JETIPLE DEF	PENDENT	CLAIM			+140=		OR	+280=		\Box		
	.1					(L	TOTA				***	'		
 	P	(Column 1)		(Colun	nn 2)	(Column 3)		DDIT. FE	: L	,	TOTAL ADDIT. FEE		一		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TION FE	NAL		
Ž	Total	· db	Minus	**/	9.	= /		X\$ 9=		OR	X\$18=		\prod		
ME ME	independent	* 3 NTATION OF MI	Minus	3		=		X42=	1	OR	X84=	7			
ᆫ	TINOT PRESE	MIATION OF ME	JEI IPLE DEF	ENUENT	CLAIM		!	+140=			+280=	1		İ	
	Δ						L	TOTAL		OR OR	TOTAL	: \			
		(Column 1)	•	(Colun	nn 91	(Column 3)	A	DDIT. FEE		UN	ADDIT. FEE		_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID (EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL	•	
	Total	• 7	Minus	#2°	<u> </u>	=		X\$ 9=		OB	X\$18=				
불	Independent	*)	Minus	**3			┝╪	X42=		.	X84=)	
ഥ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 -			OR					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		ОR	+280=				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."															
	The 'Highest Num	iber Previously Pal	d For" (Total or	Independe	mt) is the	highest number	r four	nd in the	propriate box	in col	umn 1.				
500	APTO ATR /Pay 88								made Office 11						

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